Medicaid Health Home Program - Potential Medicaid Health Home Process

Purpose: To provide guidance and education necessary to engage a potential Medicaid Health Home clinic.

Identification of Roles:

Health Home Project Manager-provide information needed for the potential Medicaid Health Home to make an informed decision to enroll as a Medicaid Health Home, informs Deputy Director of potential health home clinics

Medical Director-answer questions about the intent of the program

Clinical Operations Manager-assists with reporting and policy questions

Member Services Communications-assist with communications questions about the health home program

Provider Services Education and Outreach Coordinator- assist with any billing questions

Provider Enrollment-assist with enrollment questions

Lead Project Manager-assist the Health Home Project Manager with coordination and questions

Deputy Director-participate in calls with potential Medicaid Health Home clinics as determined necessary

Member Services Account Manager-assist with questions regarding the members

Performance Standards:

NA

Path of Business Procedure: A clinic calls to express interest in becoming a Medicaid Health Home.

Step 1: The Health Home Project Manager will direct them to the website for more information: http://dhs.iowa.gov/ime/providers/healthhome

Step 2: The Health Home Project Manager will offer a call to provide details about the program and will provide the clinic available times for the call based on the following staff availabilities:

- Health Home Project Manager
- Provider Services Education and Outreach Coordinator
- Provider Enrollment

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 Optional attendees: Medical Director, Clinical Operations Manager, Member Services Communications, Project Manager, Deputy Director, Member Services Account Manager, Provider Services

Step 3: The Health Home Project Manager will provide the clinic following documents:

IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Provider Outreach Efforts > Potential Health Home Documents

- Potential Income Handout
- Health Home Brochure
- Health Home Program Executive Summary
- Health Home Provider Standards

Step 4: The Health Home Project Manager will provide the clinic a Participant Call Agenda and Power Point (PPT) slide. IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Provider Outreach Efforts > Potential Health Home Documents

Step 5: The Health Home Project Manager will schedule a conference call using the conference call schedule located at R:\Conference Calls Using conference code #2276, add the date, time, name and #2276 to the calendar. Instructions on how to set a conference call are also located here.

Step 6: The Health Home Project Manager will create an appointment in Outlook, Title Potential call with XXXX Clinic.

Step 7: Invite a Room and the following IME Staff:

- Health Home Project Manager
- Provider Services Education and Outreach Coordinator
- Provider Enrollment
- Optional attendees: Medical Director, Clinical Operations Manager, Member Services Communications, Lead Project Manager, Deputy Director, Member Services Account Manager. Add Clinic Lead of the potential health home clinic to the calendar invite and encourage her to invite anyone from their clinic team.

Step 8: The Health Home Project Manager will update Potential Call PPT Template IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Provider Outreach Efforts > Potential Health Home Documents

Health Home Program – How to Enroll a Health Home

Purpose: To provide guidance on how to enroll as a Medicaid Health Home clinic.

Identification of Roles:

Health Home Project Manager-assist clinics with the Medicaid Health Home enrollment process

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Provider Services-review and approve or deny a clinic's Medicaid Health Home application, notify the health home team of the decision

Performance Standards:

NA

Path of Business Procedure: Notification is received that a clinic would like to enroll as a Medicaid Health Home.

Step1: The Health Home Project Manager will email the following to the enrolling Medicaid Health Home clinic:

"We are excited to have you as part of our Health Home Program. A potential participation call is available for clinics that are interested. Contact Health Home program manager call 515-256-4655. To enroll complete the forms below and email them to the health home program manager. Once the forms are processed there will be a call with your team to assist with the success of the program.

- Read and understand the Health Home Provider Agreement. This agreement outlines the expectations of the health home. http://dhs.iowa.gov/sites/default/files/Health%20Home%20Provider%20Agreement%20%28March%202014%29.pdf
- Complete the Provider Application http://dhs.iowa.gov/sites/default/files/Pages%203.4.5%20of%20form%20470-0254.pdf
- If you have not already achieved Health Home recognition or accreditation, complete the TransforMed Self-Assessment to Identify at a high level where you are at in medical home transformation. http://dhs.iowa.gov/sites/default/files/HealthHome TransforMEDPCMHSelfAssessment.pdf
- Identify your EMR, Health Home locations and practitioners on this form. http://dhs.iowa.gov/ime/providers/healthhome"

Step 2: Provider Services will receive, review, and approve or deny the Medicaid Health Home application per the instructions in the application and notify the clinic by email when completed including the Organization Name, Legacy #, NPI #, Taxonomy #, Effective Date.

Step 3: The Health Home Project Manager will send Betsy (Elizabeth Momany) at University of Iowa Public Policy, <u>elizabeth-momany@uiowa.edu</u> an email when a new Medicaid Health Home clinic is approved. The following information will be included in the email notification: clinic name, legacy #, address and effective date. This information is provided to the University of Iowa Public Policy for the program evaluation.

Step 4: The Health Home Project Manager will create a Client Folder on SharePoint and create the following folders: Application, Communications and Patient Lists for

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documentation located at: IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Provider Outreach Efforts > Health Home Folders

Step 5: Complete a Clinic Summary form and save in the Health Home folder.

Summary form found: IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Provider Outreach Efforts > Orientation for Health Home Providers

Step 6: The Health Home Project Manager will add the new Medicaid Health Home clinic to the Master Tracking Spreadsheet in Health Home Reports with appropriate information. IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Master Tracking Tool

Health Home Program-Medicaid Health Home Clinic General Orientation

Purpose: Orientate a New Medicaid Health Home clinic.

Identification of Roles:

Health Home Project Manager-Orientate the new Medicaid Health Home to ensure a successful health home

Medical Director- answer questions about the intent of the program

Clinical Operations Manager-assist with reporting and policy questions

Member Services Communications-assist with communications questions about the health home program

Provider Services Education and Outreach Coordinator-assist with any billing questions

Provider Enrollment-assist with enrollment questions

Lead Project Manager-assist the health home project manager with coordination and questions

Deputy Director-participate in potential health home calls as determined necessary

Member Services Account Manager-assist with questions regarding the members

Performance Standards:

NA

Path of Business Procedure: Provide general orientation to the new Medicaid Health Home clinic through introductions and information sharing. Provide tools necessary to understand IMPA, member tiering, quality measures and Iowa Health Information Network (IHIN) connection efforts.

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Step 1: The Health Home Project Manager will initiate a call to the new Medicaid Health Home clinic to provide general orientation by providing clinics with available times based on the following staff availabilities:

- Health Home Project Manager
- Provider Services Education and Outreach Coordinator
- Provider Enrollment
- Optional attendees: Medical Director, Clinical Operations Manager, Member Services Communications, Project Manager, Deputy Director, Member Services Account Manager

Step 2: The Health Home Project Manager will provide the New Medicaid Health Home clinic with following documents: IME Projects > Medical Home > Shared Documents > Multipayer Health Home Shared Documents > Provider Outreach Efforts > Orientation for Health Home Providers

- Patient list instructions (in an email following the call)
- · Provide an Orientation Call Agenda.

Step 3: The Health Home Project Manager will schedule a conference call using the conference call schedule located at R:\Conference Calls Using conference code #2276, add the date, time, name and #2276 to the calendar. Instructions on how to set a conference call are also located here.

Step 4: The Health Home Project Manager will create an appointment in Outlook, Title Orientation call with XXXX Clinic

Step 5: Invite a Room and the following IME Staff:

- Health Home Project Manager
- Provider Services Education and Outreach Coordinator
- Provider Enrollment
- Optional attendees: Medical Director, Clinical Operations Manager, Member Services Communications, Lead Project Manager, Deputy Director, Member Services Account Manager. Add Clinic Lead of the potential health home clinic to the calendar invite and encourage her to invite anyone from their clinic team.

Step 6: The Health Home Project Manager will update Orientation PPT Template if needed IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Provider Outreach Efforts > Orientation for Health Home Providers

Step 8: After the call, the Health Home Project Manager will provide a summary of the call with action items in SharePoint under the clinics specific health home folder. IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Provider Outreach Efforts > Health Home Folders

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Health Home Program – Medicaid Health Home Patient Tiering Assessment Tool/ Iowa Medicaid Portal Application (PTAT/ IMPA) Orientation

Purpose: Orientate a new Medicaid Health Home clinic on how to use the PTAT and IMPA.

Identification of Roles:

Health Home Project Manager-provide new Medicaid Health Home clinics with PTAT and IMPA training tools

Performance Standards:

NA

Path of Business Procedure: PTAT and IMPA trainings are provided to the new Medicaid Health Home and include information on how to appropriately submit an enrollment request, update an assessment and request dis-enrollment understand member eligibility and tiering for payment and "PMPM Report" reporting functions. This is to be done as soon as can be arranged once enrolled. The audience for both trainings is based on the Medicaid Health Home's clinic staff tasked with using IMPA or the PTAT.

Step 1: The Health Home Project Manager will provide the following documents to participants: IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Provider Outreach Efforts > Orientation for Health Home Providers

- PTAT Guide
- PTAT
- Expanded Diagnosis Clusters (EDC's) Document

Step 2: Before scheduling a "Go to Meeting" look on the Go to Meeting Outlook Calendar to ensure that the Go to Meeting is available. (**DO NOT DOUBLE BOOK**)

Step 3: The Health Home Project Manager will schedule a conference call using the conference call schedule located at R:\Conference Calls Using conference code #2276, add the date, time, name and #2276 to the calendar. Instructions on how to set a conference call are also located here.

Step 4: Schedule the Go to Meeting

https://www2.gotomeeting.com/en_US/island/login.tmpl?Action=rgoto&_sf=23&_hl=3

- a. Enter User Name: IMEG2M@dhs.state.ia.us and Password: IMEChallenge13
- Look for conflicting Go to Meeting (G2M) or Go To Webinar to avoid double booking. (sometimes staff forget to put their webinar on the Outlook Calendar)

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- c. Create a webinar:
 - Click on "My Webinars" then click on "Schedule a Webinar"
 - You may choose similar webinar to keep the same format
 - Add subject line "PTAT Training"
 - Provide objectives in the description found in the PPT slides for this training
 - Select date and time
 - Select Audio button for Use my own conference call information
 - Enter in free text box: the time., Call in # 1-866-665-1580; Conf. Code: 000 999 0230#
 - Click on "Save and Continue", scroll down and Click on "Save and Continue"
 - Ensure Phone and Organization are selected
 - Ensure "After Registering" is on "Automatically"
 - Select "Save and Email me the Invitation"
- **Step 5:** Save Go To Meeting on Go to Meeting Outlook Calendar.
 - Create an appointment in G2M Outlook Calendar
 - Enter subject line (Title of Webinar)
 - Check for appropriate date and time.
 - Invite a Room
 - Copy and paste email from G2M with details of the webinar
 - Save and close

Step 6: Invite new Medicaid Health Home clinic by copying the Go to Webinar email with details. Send this email. When the clinic registers for the webinar Outlook will send a calendar invite.

Step 7: Request projector and control from Contract Administration Office by email or in person.

IMPA Webinar Training

Step 1: The Health Home Project Manager will provide the following documents IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Provider Outreach Efforts > Orientation for Health Home Providers

Step 2: The Health Home Project Manager will encourage the clinic to register the appropriate clinical staff as a user on IMPA form

Guide for Health Home Services document.

Step 3: The Health Home Project Manager will schedule an IMPA Go To Webinar and conference call using the directions outlined above in the PTAT Training instructions.

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Step 4: Invite new Medicaid Health Home clinic by copying the Go to Webinar email with details. Send this email. When the clinic registers for the webinar Outlook will send a calendar invite.

Step 5: Request projector and control from Contract Administration Office by email or in person.

Health Home Program – Medicaid Health Home Follow-up Call Orientation

Purpose: To evaluate the new Medicaid Health Home clinic's activity status and engagement, answer questions, review action items from the orientation call and review how the clinic is meeting the service standards descriptions.

Identification of Roles:

Health Home Project Manager- Follow-up with the new Medicaid Health Home clinic to answer questions and provide additional training as necessary to ensure on-going success

Medical Director-answer questions about the intent of the program

Clinical Operations Manager-assists with reporting and policy questions

Member Services Communications-assist with communications questions about the health home program

Provider Services Education and Outreach Coordinator- assist with any billing questions

Provider Enrollment-assist with enrollment questions

Lead Project Manager-assist the Health Home Project Manager with coordination and questions

Deputy Director-participate in calls with potential Medicaid Health Home clinics as determined necessary

Member Services Account Manager-assist with questions regarding the members

Performance Standards:

NA

Path of Business Procedure: The follow-up call is completed three weeks after the new Medicaid Health Home clinic has completed orientation. All documents located IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Provider Outreach Efforts > Follow-up Support for Health Homes

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Step 1: The Health Home Project manager will notify the new Medicaid Health Home clinic by email when orientation is complete and will offer a follow-up call by providing the clinic with times based on the following staff availabilities:

- Health Home Project Manager
- Provider Services Education and Outreach Coordinator
- Provider Enrollment
- Optional attendees: Medical Director, Clinical Operations Manager, Member Services Communications, Project Manager, Deputy Director, Member Services Account Manager

Step 3: The Health Home Project Manager will provide a follow-up call Agenda. (Refer to Follow-up Call Agenda Template) IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Provider Outreach Efforts > Follow-up Support for Health Homes

Step 4: The Health Home Project Manager will schedule a conference call using the conference call schedule located at R:\Conference Calls Using conference code #2276, add the date, time, name and #2276 to the calendar. Instructions on how to set a conference call are also located here.

Step 5: The Health Home Project Manager will create an appointment in Outlook, Title Potential call with XXXX Clinic.

Step 6: Invite a Room and the following IME Staff:

- Health Home Project Manager
- Provider Services Education and Outreach Coordinator
- Provider Enrollment
- Optional attendees: Medical Director, Clinical Operations Manager, Member Services Communications, Lead Project Manager, Deputy Director, Member Services Account Manager. Add Clinic Lead of the potential health home clinic to the calendar invite and encourage her to invite anyone from their clinic team.

Step 7: The Health Home Project Manager will update follow-up PPT Template if dated information is not current. IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Provider Outreach Efforts > Follow-up Support for Health Homes

Step 8: After the call, the Health Home Project Manager will provide the clinic main Medicaid Health Home clinic contact an email summary of the call with action items.

Step 9: The Health Home Project Manager will save all documents in SharePoint in the clinic's personal health home folder in communications. IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Provider Outreach Efforts > Health Home Folders

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Health Home Program – Monthly Webinar

Purpose: To provide assistance to the Members to transform their practice and be successful in the program.

Identification of Roles:

Health Home Project Manager- Follow-up with the new Medicaid Health Home clinic to answer questions and provide additional training as necessary to ensure on-going success

Medical Director-answer questions about the intent of the program

Clinical Operations Manager-assists with reporting and policy questions

Member Services Communications-assist with communications questions about the health home program

Provider Services Education and Outreach Coordinator- assist with any billing questions Provider Enrollment-assist with enrollment questions

Lead Project Manager-assist the Health Home Project Manager with coordination and questions

Deputy Director-participate in calls with potential Medicaid Health Home clinics as determined necessary

Member Services Account Manager-assist with questions regarding the members

Performance Standards:

NA

Path of Business Procedure: Monthly optional meetings are held for all Medicaid Health Home clinics to assist with the process of transforming the clinic to the Medicaid Health Home model.

Step 1: The Health Home Project Manager will schedule a conference call using the conference call schedule located at R:\Conference Calls Using conference code #2276, add the date, time, name and #2276 to the calendar. Instructions on how to set a conference call are also located here.

Step 2: The Health Home Project Manager will schedule an IMPA Go To Webinar and conference call using the directions outlined above in the PTAT Training instructions.

Step 3: Invite Medical Homes using the Outlook distribution list – by copying the Go to Webinar email with details. Send this email via blind copy and to yourself. When they register for the webinar they will be provided with a calendar invite.

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- **Step 4:** Request projector and control from Contract Administration Office By email or in person.
- **Step 5:** The Health Home Project Manager will set up a meeting early in the month with Lead Project Manager, Member Services Communications, and Provider Services Education and Outreach Coordinator to discuss the topics and presenters for the HH Learning Collaborative Webinar.
- **Step 5**: The Health Home Project Manager will identify a health home willing to present about a member case study or process change that aligns with the presenter
- **Step 6:** The Health Home Project Manager will create agenda with a focused service name.
 - Agenda template located on SharePoint IME Projects > Medical Home >
 Shared Documents > Multi-payer Health Home Shared Documents >
 Provider Outreach Efforts > Learning Collaborative Webinars
 - add the health home service that aligns with the presentation and health home case study
 - Send the agenda out with the meeting reminder seven days prior to the call
- **Step 7:** The Health Home Project Manager will create the PPT presentation using the template located here: IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Provider Outreach Efforts > Learning Collaborative Webinars
 - a. Add appropriate Patient Centered Medical Home (PCMH) Policy Template IME Projects > Medical Home > Shared Documents > Multipayer Health Home Shared Documents > Provider Outreach Efforts > Learning Collaborative Webinars
 - b. Add a Disclaimer if there is a presenter outside of Medicaid presenting. IME Projects > Medical Home > Shared Documents > Multipayer Health Home Shared Documents > Provider Outreach Efforts > Learning Collaborative Webinars
- **Step 8:** The Health Home Project Manager will verify with speakers; request bios and presentations no later than two days before. (Speakers can present from IME or remotely via GTM and sharing desktop.)
- **Step 9:** On the day of the call, the Health Home Project Manager will facilitate the Go To Meeting.
- **Step 10:** After the Call the Health Home Project Manager will follow-up with unanswered questions, send a thank you to the presenter; send a follow-up email to all participating Medicaid Health Homes.
- **Step 9:** The Health Home Project Manager will complete the Attendance Report: Log from the Go To Meeting by clicking on "Generate Reports." Click on the radio button "Attendee Report". Click "Next". Select the webinar you would like. Select "Comma-

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Delimited Text (.CSV)" Hold control and click "Generate Report". Hold down on control until you see the options to open, save or cancel. Click "Open". Document the attendance in the master tracking spreadsheet under implementation stats. IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Master Tracking Tool

Health Home Program-Monthly Reports

Purpose: To determine the number of members in the Medicaid Health Home program

Identification of Roles:

Health Home Project Manager- gather information and compile information necessary to complete a monthly report

Performance Standards:

NA

Path of Business Procedure: Gather necessary information and complete monthly and quarterly reports.

Monthly Reports

Step 1: The Health Home Project manager will create a new HH Activity Stats monthly report from the template located here: IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Health Home Reports > Sandy's Templates

Step 2: Send an email request for the required information to the following units:

- Provider Services:
 - a. # of processed and pending Medicaid Health Home applications,
 - b. # of primary and secondary locations,
 - c. # of practitioners
- Data Management:
 - a. Updated data for month enrollment
- Core:
 - a. Paid, denied and pending claims as of the week
 - b. Monthly Integrated Health Home (IHH) cap payment

Step 3: See email example below:

"Subject Line: Monthly Stats for MONTH Hello everyone. It is that time again - to update the attached document for month 2013.

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Provider Services – Can you confirm the number of processed and pending applications for health home? Can you also confirm the number of primary and secondary locations as well? Can you confirm the number of practitioners?

Data Management – Can you send me the updated data for month enrollment?

Core – Can you send me the paid, denied and pending claims data as of this week? And provide the monthly IHH cap payment?

Thanks!"

- **Step 4:** Save the information provided from other units under Health Home Reports by date of report Located here: IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Heath Home Reports >
- **Step 5:** Simulate the information on the new month template
- **Step 6:** Use the Activity Stat Instructions under operational documents health home. IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Heath Home Reports > Sandy's Templates
- **Step 7:** Share the information
 - 1. Email link to Lead Project Manager and Medical Director when completed
 - 2. Share on the monthly Learning Collaborative Webinars
 - 3. Watch for shifts of change in the data. Is enrollment going up? Are we increasing health home providers? Does the information make sense?

Health Home Program-Quarterly Reports

- **Step 1:** The Health Home Project manager will open Master Tracking Spreadsheet (Excel) IME Projects > Medical Home > Shared Documents > Multi-payer Health Home Shared Documents > Master Tracking Tool
- Step 2: Identify tab that says Quarterly Provider Report
- **Step 3:** Copy and paste onto a new tab.
- **Step 4:** Open Quarterly Provider Report (Excel) Located in Health Home Reports.
- **Step 5:** Copy the previous quarterly Report from the Master tracking sheet and paste on a new tab. Label the tab with the Month and Year it was completed and save.
- **Step 6:** Delete previous Quarterly report from Master Tracking Spreadsheet.
- Step 7: Identify number of members enrolled in each Medicaid Health Home
- Step 8: Log into IMPA portal

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Step 9: Go to Review > Health Home Report > Billing Report enter the group NPI#, year and month, select continue, the report will identify the total number of patients currently enrolled and processes for billing.

Step 10: Determine the tier level by clicking on Export to CSV

Step 11: In column E you will Sort & Filter each individual Tier to get the count (this should total up to Total Number).

Step 12: Enter the total number of members and number of members in each tier in the Master Tracking Spreadsheet. Color numbers green for increase and red for decrease, title the tab Quarterly Provider Report and save. Outreach to clinics that have high tier Zero (no updated assessment) or clinics that show a decrease or no increase in enrollment. This is objective and on a case by case basis.

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